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Bib Data Sheet

CONFIRMATION NO. 8420

SERIAL NUMBER 09/316,876	FILING DATE 05/21/1999  RULE	CLASS 269	GROUP ART UNIT 3723	ATTORNEY DOCKET NO. 69849/502
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APPLICANTS

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**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/086,609 05/22/1998

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 06/10/1999

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY OH	SHEETS DRAWING 5	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
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 26874  
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TITLE  
 FLEXIBLE HYDRAULIC VISE

FILING FEE  RECEIVED 488	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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